

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-013868

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2923

1. DATE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

ST. LOUIS, MISSOURI

Length of stay in 1b

10 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ILLINOIS COUNTY ST. CLAIR

c. CITY OR TOWN EAST ST. LOUIS

Inside Limits

Yes ☒ No ☐

d. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

VAH, 915 N. GRAND AVE.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

329A N. SIXTH ST.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
RAY A. STANLEY

4. DATE OF DEATH

Month Day Year
3/11/63

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/20/93

9. AGE (last birthday)

69

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED ENGINEER

10b. KIND OF BUSINESS OR INDUSTRY

Cotton Belt R.R.

11. BIRTHPLACE (City and state or country)

HANNIBAL, MISSOURI

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

SAMUEL STANLEY

13b. MOTHER'S MAIDEN NAME

MARY E. KING

14. NAME OF HUSBAND OR WIFE

- - - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give year or dates of)

YES

WW-I

NO.

17. INFORMANT

MARY MORRISON (FRIEND) SEE #2

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

STAPHYLOCOCCUS PNEUMONIA AND ENTERITIS

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

491X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from 3/1/63 to 3/11/63 and last saw him alive on 3/11/63
Death occurred at 10:55 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

ROBINS

E. ST. LOUIS, ILL

MAR 13 1963

Joan Smith, M.D.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS:300
Rev. 4/59

1

28/20/7

3

4 0

5 0

6

7 0

8 2

9

10

11

12 83-0

13

83

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Frank Prokoff

Licensed Embalmer No.

4356

P.O. Address

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.